EXHIBIT C – Part 2

U. **Provider Nomination Files** (BHI.g:40-2, Item W)

Letters from providers of services stating their choice of intermediary, including changes of ownership and intermediaries. Also included are letters to intermediaries listing providers who have nominated them and letters used to update provider listings.

DISPOSITION:

1. CMS Regional Offices

Destroy change of ownership information after a total retention of 5 years after termination of provider participation. All other material may be destroyed after a total retention of 2 years from original date.

2. Intermediaries

Destroy after a total retention of 2 years from original date.

V. **Intermediary and Carrier Closing Agreements** (N1-440-95-1, Item 3)

These files contain the accepted final settlement for all intermediary and carrier costs of administration and consist of the Closing Agreement, Appendix, and Schedules of Balances due the Intermediary, Carrier, or Secretary.

DISPOSITION:

CMS Headquarters and Regional Offices, Intermediaries and Carriers

Cutoff file 3 years after HHS audit and final settlement. Transfer to the Federal Records Center 3 years after cutoff. Destroy 10 years after cutoff.

W. **Intermediary and Carrier Computer Printout Records** (BHI.g:40-2, Item Y)

Computer printouts used in processing, paying, and controlling Part B Medicare claims.

1. Pending and process listing, payment listing, duplicate check control, master file update control, and profiles of physicians and other suppliers of services.

DISPOSITION: Carriers and Intermediaries

Destroy after a total retention of 4 years after the close of the calendar year in which payment was made.

2. Check listing and bank reconciliation.

DISPOSITION: Carriers

Destroy after a total retention of 6 years after the close of the calendar year in which paid or voided.

3. Query and query reply listing, transaction listing, activity listing, posting exceptions, analysis of posting errors, claims inventory control, edit input transactions, and aging of open claims.

DISPOSITION:

Carriers - Destroy after a total retention of 3 years after processing. (Carriers with capability of electronically retaining the data contained in the query and query reply listing may destroy the paper copies after tapes have been verified.)

X. **Cost Report Files** (BHI.g:40-2, Item Z)

Cost reports submitted by providers to intermediaries for the purpose of determining Medicare reimbursable costs. In addition, samples of these reports are submitted to CMS in order to extract cost information, statistical, and financial data, as well as other pertinent information for monitoring reimbursable costs to intermediaries. Information and data developed from these cost report samples are used by CMS personnel for preparation of reports to management. Each cost report contains a provider's statement of reimbursable cost, cost-find schedules, auditor's comments, final settlement letters, and other data necessary to determine reimbursable costs prescribed by regulations and the principles of reimbursement.

DISPOSITION:

1. CMS and Intermediaries

Retain 3 years onsite after notice of amount of program reimbursement has been issued to the provider, then transfer to the FRC. Destroy after a total retention of 8 years.

NOTE: Do not transfer cost report files that are subject to an appeal, in the process of litigation, or subject to any other administrative proceedings, e.g., such as collection of outstanding overpayments, until the matter has been settled.

2. CMS Headquarters

a) Cost Report Sample Files - Retain for 3 months after completion of administrative review and/or analysis and preparation of management report, then transfer to Agency holding area. Destroy after a total retention of 9 months.

b) Management Reports - Retain onsite for 1 year after date of report, then transfer to holding area. Destroy after a total retention of 2 years.

Y. **Ambulatory Surgical Center Survey Responses**(N1-440-95-1, Item 4)

Files contain ASC identification information and audited and non-audited charge and costs data used by CMS to establish the current ASC payment rates. Audited reports also contain the Management Report of the Field Audit. ASC survey data used to develop a rule establishing ASC rates must also be included in the relevant Rulemaking Record file.

DISPOSITION:

a) Reports and Summary Reports - Cutoff file after completion of the survey. Transfer to the FRC 1 year after the reports are completed. Destroy 10 years after cutoff.

b) Background Information - Cutoff file after completion of the study. Destroy 5 years after the final and/or summary reports are completed.

Z. **Studies** (N1-440-95-1, Item 5)

1) Program Operational - Documents related to reviews and special studies of CMS Central Office, Regional Office, and Medicare contractors to determine the degree of adherence to established policy, instructions, and specifications.

DISPOSITION:

(a) Final Report - PERMANENT. Cutoff at the close of the calendar year in which the final report/study is completed or after final payment is made, whichever is later. Transfer to the FRC 10 years after cutoff. Transfer to the National Archives 20 years after cutoff.

(b) Background Information - Cutoff file after completion of the study. Destroy 5 years after completion of all reports.

2) Congressional - Files consist of studies mandated by public laws and contains the final report, surveys, survey materials, working papers correspondence, and related materials.

DISPOSITION:

(a) Final Report - PERMANENT. Cut off after the final report is released to Congress. Transfer to the Federal Records Center 3 years after cutoff. Transfer to the National Archives 15 years after cutoff.

(b) Background Information - Cutoff file when final report is released to Congress or after the survey process completed, whichever is later. Transfer to the FRC 6 months after cutoff. Destroy 5 years after cutoff.

AA. **Completed Medicare Contractor Pension Cost Questionnaire and Supporting Documentation** (N1-440-95-1, Item 7)

Documents relating to Medicare contractor and subcontractor pension segmentation. In accordance with the Medicare contract/agreement Appendix B, Section XVI the Medicare contractors were required to perform a pension asset allocation to substantiate the assets allocated to the "Medicare Segment". Contractors were required to complete "The Medicare Contractor Pension Cost Questionnaire" and to maintain the documentation specified therein to assist HHS OIG auditors in determining compliance with that section of the contract. In cases where the contractor does not agree with the findings of the audits, legal action

ensues until the disagreement is resolved. Involved are the questionnaire and all documents, records and files supporting the questionnaire.

DISPOSITION:

1. Carriers, Intermediaries and Subcontractors - Cutoff after final settlement and/or after all appeals are exhausted and provide a copy of the DHHS/Office of the Inspector General. Destroy 6 years and 3 months after cutoff.

2. CMS Headquarters - Cutoff after final settlement or after all appeals are exhausted. Retire to the Federal Records Center 1 year after cutoff. Destroy 6 years and 3 months after cutoff.

BB. **Medicare Hospital Mortality Information** (NC1-440-89-4)

Annual publications delineating the actual death rate with Medicare participating hospitals compared to what would have been expected for that facility given what is known of the characteristics of the beneficiaries.

DISPOSITION: PERMANENT. Cutoff at the end of the fiscal year. Hold in office for 1 fiscal year, then transfer to the FRC. Transfer to the National Archives when 10 years old.

CC. **End Stage Renal Disease Cost Reports** (NC1-440-87-1)

These cost reports are submitted by ESRD Medicare providers (hospital based and free-standing) at the close of each provider's reporting year.

DISPOSITION: Cutoff and send cost reports to the FRC at the end of the fiscal year. Destroy after a total retention of 5 years after the cutoff date.

DD. **Medicare Waivers for Hospital Payments** (N1-440-96-1, Item 1)

Includes the records for the evaluation, approval and monitoring of CMS waivers concerning payments for hospital services under the provisions of Section 1886 of the Medicare law.

DISPOSITION: Cut off at the end of the calendar year in which the waiver has been terminated, expired or after all appeals are exhausted. Transfer to the FRC. Destroy 6 years and 3 months after cutoff.

EE. **Pension Actuarial Analysis** (N1-440-95-1, Item 8)

Documents from completed actuarial analysis of Medicare contractors or provider special projects, e.g., provider pension issues, HMO loans, contract negotiations.

DISPOSITION: Cutoff after completion of the project. Transfer to the Federal Records Center 1 year after cutoff. Destroy 6 years after cutoff.

FF. **Medicare Data Match** (N1-440-91-1) – FROZEN-DO NOT DESTROY

A data match between the Internal Revenue Service, the Social Security Administration and CMS. After conducting the match CMS is required to contact identified employers concerning potential situations where Medicare may be a

secondary payer to employer sponsored group health coverage. Questionnaires will be in hard copy format and include case files, employer records and the data match, and will be forwarded to the New Jersey Federal Records Center by Group health Incorporated (a contractor selected by CMS) for over a 2-year period at approximately 350 cubic feet of records per month.

DISPOSITION: Cutoff files at the end of the calendar month. Transfer to the FRC. Destroy 6 years and 3 months after cutoff.

GG. **End Stage Renal Disease Exception Requests** (N1-440-91-2)

Documentation for Reimbursement for ESRD services and supplies and consist of the intermediary's preliminary recommendation and work papers and the providers ESRD exception request and cost report.

DISPOSITION: Cutoff file at the end of the calendar year. Transfer to the FRC. Destroy 7 years after cutoff.

II. **Initial Enrollment Questionnaire (IEQ) (N1-440-00-1)**

Section 1862(b)(5)(D) of the Social Security Act requires the CMS to mail a questionnaire to newly enrolled Medicare beneficiaries to obtain information on whether the individual is covered under a primary insurance plan and the nature of the coverage provided under the plan, including the name, address, and identifying number of the plan (this process is referred to as the IEQ). The IEQ is used to gather Medicare Secondary Payer information at or before the time of a beneficiary's Medicare entitlement. A contractor selected by CMS will conduct this process. Initial Enrollment Questionnaires are scanned in .tif file and maintained on magnetic media. All imaged documents are assigned a document control number which consists of a 5-digit Julian Date, 1-digit scanner number and a 4-digit sequential number.

NOTE: Due to a freeze imposed by the Department of Justice prohibiting the destruction of Medicare-related records, these records must be retained until the freeze is lifted.

DISPOSITION:

1. Electronic Image (recordkeeping copy) - Retain for 5 years, then delete/destroy when no longer needed.

2. Paper Copy - Destroy four month(s) after electronic image of the beneficiary-completed questionnaire is created and verified.

3. External Requests Report for IEQs (prepared by the contractor and submitted to CMS)

(a) Contractor - Retain for 5 years, then delete/destroy when no longer needed.

(b) CMS - Retain for 5 years, then delete/destroy when no longer needed.

4. Electronic Mail and Word Processing System Copies

(a) Copies that have no further administrative value after the recordkeeping copy is made. Includes copies maintained by individuals in personal files, personal electronic mail directories, or other personal directories on hard disk or network drives, and copies on shared network drives that are used only to produce the recordkeeping copy.

DISPOSITION: Delete within 180 days after the recordkeeping copy has been produced.

(b) Copies used for dissemination, revision, or updating that are maintained in addition to the recordkeeping copy

DISPOSITION: Delete when dissemination, revision, or updating is complete.

HH. **Medicare Secondary Payer Files (N1-440-01-05, Item 1)**

Case files developed to establish the government's right to recovery and/or impose other sanctions or corrective actions. Included are IRS data match, Medicare Secondary Payer, other employer group recoveries, liability case waiver and compromise requests. Most of these involve pursuing recovery that contractors were unsuccessful with or clarifying Medicare policy. There may also be general correspondence reiterating Medicare policies.

DISPOSITION: Place in inactive file after final action on the case. Cut off inactive file at the close of the calendar year in which final action was taken, then transfer to the FRC. Destroy 10 years after final action.

NOTE: Retain records until the Department of Justice freeze is lifted.

Electronic Mail and Word Processing System Copies

1. Copies that have no further administrative value after the recordkeeping copy is made. (Includes copies maintained by individuals in personal files, personal electronic mail directories, or other personal directories on hard disk or network drives, and copies on shared network drives that are used only to produce the recordkeeping copy.) **(N1-440-01-05, Item 2a)**

DISPOSITION: Delete after the recordkeeping copy is made, or when no longer needed, whichever is later.

2. Copies used for dissemination, revision, or updating that are maintained in addition to the recordkeeping copy **(N1-440-01-05, Item 2b)**

DISPOSITION: Delete when dissemination, revision, or updating is complete.

IV. PROVIDER RECORDS

A. **Provider Certification Files** (N1-440-95-1, Item 9)

Documents relating to the survey and certification of suppliers and providers of service. Included are official certification and transmittal forms, survey report forms, utilization review plans, provider agreements, transfer agreements, plans of correction, civil rights compliance forms, intermediary designation and tie-in notices, certification letters, and various forms and correspondence used in the certification process with respect to individual facilities. Excluded from this definition are surveyor's notes, rough copy survey report forms, and other work papers which are merged into and superseded by a final product.

DISPOSITION:

1. CMS Regional Office

a) Non-participating Facilities

Cutoff file after termination or denial. Destroy 6 years after cutoff.

b) Participating Facilities

(1) Maintain the Form CMS-1561--(Health Insurance Benefits Agreement) the two most recent certifications and background/support materials - Maintain in an active file for as long as the facility is participating.

(2) Survey report forms and related documents - Cutoff file after completion of survey. Destroy 6 years after cutoff.

(3) Survey report forms and related documents pertaining to access hospitals, nursing homes and home health agencies-Cutoff file after removal from the access category and completion of the survey. Destroy 4 years after cutoff.

(4) Mammography Facilities Files - Cutoff file upon approval of schedule and transfer to the FRC. Destroy 3 years after cutoff.

2. State Agencies

a) Non-Participating Facilities- Cutoff file after termination, closure, withdrawal, or denial. Destroy 4 years after cutoff.

(1) Non-Certified Facilities - Cutoff file after termination, closure, withdrawal, or denial. Destroy 1 year after cutoff.

b) Participating Facilities

(1) Retain a facility's (hospitals and skilled nursing facilities (SNFs)) current utilization review plan, transfer agreements and floor plan or

physical plant layout. Destroy when superseded, obsolete or when facility becomes non-participating.

(2) Maintain the two most recent certification actions at all times. Destroy all other records when 4 years old.

B. **Provider Statistical and Reimbursement Reports** (BHI.g:40-2, Item BB)

EDP printouts or microfilms showing summaries of payments to hospitals, skilled nursing facilities, home health agencies, and other providers of service. They are used to effect cost settlements between the intermediaries and the providers for program validation purposes, and to determine accuracy of cost reports. These reports contain Part A and Part B inpatient and outpatient information, inpatient statistics, total bills, covered costs, and other related data.

DISPOSITION:

1. CMS Headquarters - Destroy printouts after a total retention of 3 years after the date issued. Destroy microfilm upon receipt and verification of subsequent film.

2. Intermediaries - Destroy after a total retention of 5 years after completion of audit and/or settlement process for provider cost report for corresponding fiscal year.

C. **Medical Facilities Directory Files** (BHI.g:40-2, Item CC)

Listing of providers of service showing provider identification and intermediary numbers, effective date, and city where located. Also included are alphabetical listing of facilities by State, cities within the State, and facility name within the city. These lists contain mailing addresses, provider numbers, intermediary numbers, effective dates, termination codes, billing elections, radiological and laboratory services, total beds, nursing beds, and accreditation by Joint Commission on Accreditation of Hospitals and the American Osteopathic Association.

DISPOSITION: Destroy when superseded or obsolete.

D. **State Agency Budget and Financial Report Files** (NC1-440-79-1, Item 50, description revised 11/2000)

Files used to estimate, justify, and approve State agency health insurance program costs, and to account for funds received and expended by the State agencies. Included are Forms CMS-435 (used by the state agencies to request funding by CMS regional offices to approve budgets, by the state agencies to request supplemental funding, and by the state agencies to report quarterly expenditures)--State Survey Agency Budget/Expenditure Report; CMS-1465A--State Agency Budget List of Positions; CMS-1466--State Agency Schedule for Equipment Purchases; and indirect cost forms. (Form CMS-435 replaces Forms CMS-1465, CMS-1467, CMS-1468 and CMS-1469A.)

DISPOSITION:

1. CMS Headquarters and Regional Offices - Destroy after a total retention of 6 years following the close of the budget year.

2. State Agencies - Destroy after a total retention of 3 years after HHS audit or after a total retention of 5 years after the close of the budget year, whichever is earlier.

E. **State Agency Agreements** (BHI.g:40-2, Item EE)

Agreements entered into with the State agencies by the Secretary of Health and Human Services under the provisions of Section 1864 of the Social Security Act, by which the State agency assists CMS in determining whether health care providers and suppliers met and continue to meet the requirements for coverage or participation. Also included are "sub-agreements" by which State agencies subcontract some Medicare functions to other governmental or private organizations.

DISPOSITION:

1. CMS Headquarters - PERMANENT. Transfer to the FRC at the close of the calendar year in which terminated. Transfer to the National Archives 20 years thereafter.

2. Regional Offices - Destroy after a total retention of 5 years after the close of the calendar year in which terminated.

3. State Agencies - Dispose of according to State practice.

F. **State Agency Review Files** (BHI.g:40-2, Item FF)

Documents relating to administrative review of State agency operations and certification procedures. Included are reports of visits, communications concerning improvements in operations, and other papers pertaining to reviews of State agency practices.

DISPOSITION:

1. CMS Headquarters - Destroy after a total retention of 5 years after the close of the calendar year in which dated.

2. State Agencies - Dispose of according to State practice.

G. **State Buy-In Agreements** (BHI.g:40-2, Item GG)

Agreements entered into with the State agencies by the Secretary of Health and Human Services under the provisions of section 1843 of the Social Security Act. The agreements provide coverage under the Supplementary Medical Insurance Program for certain individuals receiving money payments under State approved public assistance plans. Buy-In Agreements allow coverage for individuals not normally eligible for coverage.

DISPOSITION:

1. CMS Headquarters - PERMANENT. Transfer to the FRC at the close of the calendar year in which terminated. Transfer to the National Archives 20 years thereafter.

2. Regional Offices - Destroy after a total retention of 5 years after the close of the calendar year in which terminated.

3. State Agencies - Dispose of according to State practice.

H. **Program Validation Reviews** (BHI.g:40-2, Item HH)

Documents relating to program validation reviews conducted to identify the degree to which program provisions are being properly applied by the providers of health care services. Included are planned validation reviews, notice of visits, and other papers directly related to the program validation review process.

DISPOSITION: Place in inactive file after 2 years or upon receipt of subsequent review, whichever is earlier. Destroy after a total retention of 5 years.

I. **Detailed Printouts (Depots)** (BHI.g:40-2, Item II)

EDP printouts showing individual bill and payment information for hospitals skilled nursing facilities, home health agencies, and other providers of service. These reports are used by intermediaries and providers to reconcile the Provider Statistical and Reimbursement Reports to their own records by itemizing which bills have been processed by CMS and are included in the PS&R report.

DISPOSITION:

1. CMS Headquarters - Destroy printouts after a total retention of 3 years after the date issued.

2. Intermediaries - Destroy after a total retention of 5 years after the completion of the audit and/or settlement process for provider cost report for the corresponding fiscal year.

J. **Interim Rate Listings** (BHI.g:40-2, Item JJ)

Listings of interim rates in use by intermediaries in making interim payments to hospitals, skilled nursing facilities, home health agencies, and other providers of services. These listing are used as a source of information and for studies.

DISPOSITION: Destroy after a total retention of 5 years.

K. **Provider Hearing Files** (BHI.g:40-2, Item MM)

These files accumulate when a provider of services is dissatisfied with CMS's determination that it does not meet the conditions for participation in the Medicare program and requests an administrative hearing on the matter. The documents are used by CMS to support its initial determination at the hearing. Included are copies of provider inspection reports, correspondence, and similar records relating to provider operations. After the hearing, the files must be retained in the event that the provider seeks court review.

DISPOSITION:

Transfer to the CMS Records Holding Area at the close of the calendar year in which hearing is held. Hold for 2 years and then transfer to the FRC. Destroy after a total retention of 7 years.

L. **Supplementary Medical Insurance (SMI) General Enrollment Period (GEP) Records** (N1-440-95-1, Item 10)

Records consisting of source documents, (the CMS-L40D) for all individuals who responded in the direct mail solicitation for SMI enrollment. The records contain such information as beneficiary name, claim number, address, premium amount, and a check mark reflecting individual's election or refusal of enrollment.

DISPOSITION:

1. Source Document - Cutoff at the close of the General Enrollment Period. Destroy 1 year after cutoff.

2. Timely Filed Yes Reply List - Cutoff at the end of the calendar year. Destroy 3 years after cutoff.

M. **Claims Processing File** (Previously, Quality Assurance File--NC1-440-76-29, Item II)

The Medicare Part B Carrier Quality Assurance System was designed as a program for measuring the quality of carrier claims processing operations and to provide management tools for identifying and monitoring actions needed to derive improvements in claims processing. Claims processing files are transmitted electronically to CMS's Data Center (HDC) by all Part B carriers.

DISPOSITION: Retained at the HDC for a total retention of 3 years.

N. **Correction Payment Action Summary Report** (NC1-440-76-29, Item III)

Documents relating to corrective payment action taken on Part B claims selected for end-of-line or quality assurance sample review. Included are summary report forms and transmittal letters.

DISPOSITION: Destroy after a total retention of 1 year.

O. **Civil Litigation Case Files** (NC1-440-79-1, Item 3HH)

Case files documenting central office involvement in Medicare civil litigation. Civil Litigation cases usually have no fraud involvement. They relate to any aspect of the Medicare program, such as overpayment or underpayment of monies by CMS to contractors or providers of services, coverage and entitlement questions, provider terminations, and regulation promulgation and enforcement. Unless settled beforehand, civil litigation cases are heard in Federal (and rarely State) courts. Documentation in the case files may include but not be limited to, complaints and answers, court orders, transcripts, briefs, evidentiary material (cost reports, accounting data, affidavits, etc.), correspondence and related background information. The Department of Justice maintains the record copy of cases reaching the court level. The Civil Litigation and Hearings Branch maintains record copies of central office involvement in these cases.

DISPOSITION: Place in an inactive file after final action on the case. Cut off inactive file at the close of the calendar year in which final action was taken, hold 2 additional years, and then transfer to the FRC. Destroy when inactive for a total retention of 5 years.

P. **Professional Qualifications File** (NC1-440-79-1, Item IV.A.)

Records of certain individuals who are employed in hospitals and clinical laboratories, or who are self-employed providing therapy and medical services who have taken HHS proficiency examinations. The records contain professional qualification information on the academic and experience qualifications of the individuals and identify information such as social security number, name, address license number and eligibility, and results of HHS proficiency examination. Records are maintained by State agencies and regional Medicare offices, and are used to determine whether individuals rendering health care services meet qualification requirements.

DISPOSITION: Transfer to an inactive file upon termination of individual's participation. Destroy after a total retention of 5 years.

Q. **Teaching Hospital Medical Records Audit Files** (NC1-440-78-1, Item A)

Documents created from audits of teaching facilities' medical records, conducted nationwide by carriers. These audits, conducted annually or semi-annually, are intended to verify, through medical records, the degree of participation of supervising physicians in the care and treatment of beneficiaries for which payment is requested under Part B Medicare. Documents in these files include copies of Part B claims records, letters of inquiry and responses from facilities or physicians, copies of documentation supplied to carriers, and related correspondence.

DISPOSITION: Transfer to the FRC after completion of the audit. Destroy after a total retention of 4 years after completion of audit.

R. **Teaching Hospital Medical Record Recoupment Audit Files** (NC1-440-78-1, Item B)

Documents relating to periodic audits of teaching facilities nationwide by carriers to recover overpayment. These audits are similar to the teaching hospital medical record audits. Findings adverse to the facility may be appealed through the fair hearing process. Documents in the files include copies of Part B claims records; correspondence or documentation supplied by the facility or physician; and documents relating to the fair hearing (transcripts, decisions, etc.).

DISPOSITION: Transfer to the FRC after completion and settlement of the audit. Destroy 4 years after completion of audit.

S. **Utilization Review Files** (NC1-440-80-1)

Records documenting postpayment utilization review of physicians, conducted by State and local medical societies. These files are maintained by carriers nationwide and contain copies of Part B claim forms, medical documentation, determination documentation, correspondence and related background documents. No original claims records are included in these files. Physician overpayment may be collected based on the results of the reviews.

DISPOSITION: Transfer to an inactive file upon completion of review. Close out inactive file at the end of each calendar year, and transfer to Federal Records Center (FRC). Destroy after a total retention of 7 years.

T. **Provider/Supplier and Durable Medical Equipment Supplier Application**
(N1-440-01-1)

Document relating to the enrollment of providers and suppliers into the Medicare program. These include but are not limited to CMS 855 enrollment forms (OMB Approval No. 0938-0685) and all supporting documents. Also included are attachments that would be submitted with the application. These include but are not limited to copy(s) of: Federal, State and/or local (city/county) professional licenses, certifications and/or registrations; Federal, State, and/or local (city/county) business licenses, certification and/or registrations; professional school degrees or certificates or evidence of qualifying course work; curriculum vitae/resumes; CLIA certificates and FDA mammography certificates; controlled substances registrations from the Drug Enforcement Agency; Central Office letter issuing an indirect billing number to a managed care organization or plan.

1. Provider/Supplier and Durable Medical Equipment Supplier Application

a. Unprocessed applications as a result of provider/supplier failing to provide additional information

DISPOSITION: Destroy when 7 years old.

b. Approved applications of provider/supplier

DISPOSITION: Destroy 15 years after the provider/supplier's enrollment has ended.

c. Denied applications of provider/supplier.

DISPOSITION: Destroy 15 years after the date of denial.

d. Approved application of provider/supplier, but subsequently, the billing number has been revoked

DISPOSITION: Destroy 15 years after the billing number is revoked.

e. Voluntary deactivation of billing number

DISPOSITION: Destroy 15 years after deactivation.

f. Provider/Supplier dies

DISPOSITION: Destroy 7 years after date of death.

2. Electronic Mail and Word Processing System Copies

a) Copies that have no further administrative value after the recordkeeping copy is made. Includes copies maintained by individuals in personal files, personal electronic mail directories, or other personal directories on hard disk or network drives, and copies on shared network drives that are used only to produce the recordkeeping copy.

DISPOSITION: DELETE within 180 days after the recordkeeping copy has been produced.

b) Copies used for dissemination, revision or updating that are maintained in addition to the recordkeeping copy

DISPOSITION: DELETE when dissemination, revision, or updating is complete.

V. MEDICAID RECORDS

A. **Technical Reference Materials** (NC1-440-82-4, Item 1)

Printed manuals, directives, handbooks, instructions, regulations, schedules and other formal policy and procedural issuances related to Medicaid Administration and Programs, not originated in office. Record copy is retained by originating office.

DISPOSITION: Destroy when superseded or obsolete.

B. **Extra Copy Convenience Files** (NC1-440-82-4, Item 2)

1. **Chronological (Day, Reading) Files**

Duplicate copies of all outgoing letters and memoranda, filed chronologically and maintained for reference and as indexes. Official copies are filed in appropriate case or subject files.

2. **Trip Reports**

Duplicate copies of program specialists' reports of visits to State facilities included in the Medicaid Program, filed chronologically. Original is filed in appropriate State subject file.

3. **Contact Reports**

Duplicate copies of reports documenting all staff personal or telephone contact on program issues. Original is filed in appropriate State subject file.

DISPOSITION: Cut off active file at the end of the fiscal year (FY). File in inactive file. Destroy after a total retention of 1 year after cutoff or when no longer required for reference, whichever is sooner.

C. **Medicaid "All State Letters"** (NC1-440-82-4, Item 3)

Printed RO issuances sent to State public welfare administrators which communicate information or requests pertaining to both administrative or program matters.

DISPOSITION:

1. **Record Copy (signed original bulletin).** File superseded or obsolete bulletins separately in FY increments. Destroy after a total retention of 2 years in which superseded or obsolete.

2. **All other copies.** Destroy when superseded, obsolete or no longer needed for reference.

D. **Medicaid Administrative Subject Files (Division)** (NC1-440-82-4, Item 4)

Correspondence, memoranda, reports, studies and other documents concerning the general administration, management and organization of HHS and CMS. Includes reports of meetings, unofficial copies of travel, personnel and attendance records retained only for reference.

DISPOSITION:

1. Cut off active file at the end of the calendar year (CY). Place in inactive file. Destroy after a total retention of 2 years after the cutoff date.

2. **Exception from Year-End Cutoff:** Destroy Maintenance Plans, Records Transmittals and Receipt forms when superseded or obsolete.

E. **Medicaid Program General Subject File** (NC1-440-82-4, Item 5)

Correspondence, reports, policy and procedures information, reports of meetings and other general program related documents. Records specific to a State's program are filed in State subject files or in program case files described elsewhere.

DISPOSITION: Cut off at the end of the CY. Retire to inactive file. Destroy after a total retention of 2 years after the cutoff date.

F. **Medicaid Program State Subject Files** (NC1-440-82-4, Item 6)

Correspondence, memoranda and reports not filed in specific program case files which are needed by the RO to carry out the day-to-day liaison, assistance, and review of State Medicaid program activities. Filed by State and thereunder by subject. These files do not include record copies of legal agreements or financial or other records held for HHS or the General Accounting Office (GAO) audit.

DISPOSITION: Cut off active file at the end of the CY. Retire to inactive file. Destroy after a total retention of 2 years after the cutoff date.

G. **Medicaid State Plan Amendments (Disposition Authority: N1-440-01-03)**

State plans used for the States' administration of the Medicaid program. Includes Attorney General certifications, formal transmittals (approved, disapproved, withdrawn amendments). Superseded materials are filed separately. Files are maintained by fiscal year, State plan number and State.

DISPOSITION:

1. **Recordkeeping Copy (Paper) of Approved State Plan** - Maintain in the "State's active file" until superseded or obsolete. **(Disposition Authority: N1-440-01-03, Item 1a)**

2. **Superseded/Obsolete State Plan Amendments & Related Information** - Place in the "Completed States Plan" file by State and FY when superseded or obsolete. Destroy when 7 years old. (Consider Medicaid Eligibility Quality Control disallowance actions before destruction. This is in accordance with 42 CFR 431.17, and 45 CFR Part 74, Subpart D) **(Disposition Authority: N1-440-01-03, Item 1b)**

3. **Disapproved/Withdrawn State Plan Amendments & Related Information** - Place in "Completed States Plan" file. Transfer to the Federal Records Center. Destroy when 7 years old. (Consider Medicaid Eligibility Quality Control disallowance actions before destruction.) **(Disposition Authority: N1-440-01-03, Item 1c)**

4. **Working and Duplicate Copies of State Plan Amendments** - Destroy/delete when copies are no longer needed. (Consider Medicaid Eligibility Quality Control disallowance actions before destruction.) **(Disposition Authority: N1-440-01-03, Item 1d)**

5. **Scanned State Plan Amendments Posted on CMS's Website** - Delete superseded or obsolete materials after updates are posted on the website. **(Disposition Authority: N1-440-01-03, Item 1e)**

6. **Electronic Mail and Word Processing System Copies**

(a) Copies that have no further administrative value after the recordkeeping copy is made. Includes copies maintained by individuals in personal files, personal electronic mail directories, or other personal directories on hard disk or network drives, and copies on shared network drives that are used only to produce the recordkeeping copy. -- DELETE within 180 days after the recordkeeping copy is made, or when no longer needed, whichever is later. **(Disposition Authority: N1-440-01-03, Item 1f(1))**

(b) Copies used for dissemination, revision, or updating that are maintained in addition to the recordkeeping copy -- DELETE when dissemination, revision, or updating is complete. **(Disposition Authority: N1-440-01-03, Item 1f(2))**

H. **Medicaid State Plan Correspondence File** (NC1-440-82-4, Item 8)

Correspondence, memoranda, background material and other working papers relating to State plan and amendments but not part of official State plan file.

DISPOSITION: Maintain separately from State plan. Cut off file at the end of the FY. Destroy after a total retention of 5 years after the cutoff date.

I. **Compliance Records File** (NC1-440-82-4, Item 9)

RO copies of narrative quarterly reports such as CMS OFO-2 equivalent prepared for CMS Headquarters which document old, new and continuing compliance issues. Includes copies of correspondence to States reporting non-compliance and CMS summary reports.

DISPOSITION: Cut off file at the end of the CY. File in inactive file. Destroy after a total retention of 1 year after the cutoff date, or when no longer required for current operations, whichever is longer.

J. **State ADP Systems Plans Files (MMIS or Mechanized Claims Processing Information Retrieval Systems)** (NC1-440-82-4, Item 10)

RO file documents all phases of planning and bid selection process for State claims payment and management information ADP systems prior to award of contract. Includes advance planning documents, CMS RO and CMS Headquarters approval, and requests for proposals.

DISPOSITION: Cut off active file upon award of contract. Retire to inactive file. Destroy after a total retention of 3 years after termination or completion of contract.

K. **States ADP Contract Case Files (MMIS or Mechanized Claims Processing Information Retrieval Systems)** (NC1-440-82-4, Item 11)

Copies of contracts made between State and suppliers of ADP systems used by State for claims payment and Medicaid management information. Includes all correspondence, background and briefing materials, technical reports and papers related to the development, installation and maintenance of the system. CMS Headquarters maintains record copy of contract. RO file is used for RO approval and CMS Headquarters certifications.

DISPOSITION: Cut off file upon termination or completion of contract. File in inactive file. Destroy after a total retention of 3 years after the cutoff date.

L. **Medicaid Program Reports from States** (NC1-440-82-4, Item 12)

RO copies of NCSS 120, NCSS 2082 or equivalent, and other statistical reports sent directly to the ROs and/or CMS Headquarters by States. Data collected includes number of Medicaid recipients, type of services, expenditures, and other relevant data. RO copy is retained to assure States reporting compliance.

DISPOSITION: Cut off active file at the end of the FY. Retire to inactive file. Destroy after a total retention of 3 years after the cutoff date.

M. **Utilization Control Quarterly Showings Reports** (NC1-440-82-4, Item 13)

Includes RO copies of unmarked and marked "Quarterly Showings" (except marked copy used for survey), State certifications and all supporting documentation sent quarterly by States to RO for review and forwarded to CMS Headquarters. RO copies are used for RO validation surveys and may be used in preparation of disallowance cases by Regional Attorneys.

DISPOSITION: Cut off active file upon transmittal of correspondence to CMS Headquarters, or upon final settlement of all financial or legal issues, whichever is later. Destroy after a total retention of 3 years after the cutoff date.

N. **Utilization Control Onsite Validation Survey Files** (NC1-440-82-4, Item 14)

Includes marked copy of "Quarterly Showing" used in RO surveys, documentation of survey findings which either verify or refute data sent by States in that report and related materials.

DISPOSITION: Cut off active file upon transmittal of verification correspondence to CMS Headquarters, or upon final settlement of all financial or legal issues, whichever is later. Destroy after a total retention of 3 years after the cutoff date.

O. **Federal Monitoring Re-review Eligibility Quality Control Schedule Case Files (Active)** (NC1-440-82-4, Items 15A and B)

Includes all documentation used for RO Quality Control re-review of State Medicaid program active cases. Includes Sample Selection Lists, Medicaid Federal review schedule, Recipient Claims for Medicaid Reimbursement computer printouts from States, State review schedule; may include State reviewer's finding sheets, summaries, copies of court orders and other source documents needed for RO review. Data elements from individual schedules are transmitted via DATAMED for calculation of State error rate.

DISPOSITION:

1. **Cases not appealed by State**. Cut off file no later than 18 months after closeout of the review period. Destroy after a total retention of 2 years after the cutoff date, or after four complete review periods, whichever is longer.

2. **Cases appealed by State**. Cut off file 18 months after resolution of an appeal by State. Destroy after a total retention of 2 years after the cutoff date, or after four complete review periods, whichever is longer.

P. **Federal Monitoring Re-review Eligibility Quality Control Schedule Case Files (Negative)** (NC1-440-82-4, Item 16)

Includes all documentation used in quality control re-review of State Medicaid program negative cases (termination or denial of cligibility).

DISPOSITION: Cut off file 1 year after closeout of review period. Destroy after a total retention of 3 years.

Q. **State Review Schedules** (NC1-440-82-4, Item 17)

Copies of State review schedules and documentation including universe tables sent by the State but not filed in Federal re-review case files. Used by RO as a source document from which to compute data on State error rates for transmission to CMS Headquarters via DATAMED. Also used to recompute error rates, or to support documentation in event of appeal or litigation.

DISPOSITION: Destroy after a total retention of 18 months after the closeout or review period.

R. **State Sampling Plans (Active and Negative)** (N1-440-95-1, Item 12)

Basic plan and modifications which details States' methodology for selecting cases used in State Medicaid Quality Control Reviews. Plans are developed by State with RO assistance. Record copy maintained at CMS RO. States and CMS retain copies.

DISPOSITION: Move superseded or obsolete materials to an inactive file. Cutoff inactive file at the end of the fiscal year. Destroy 3 years after cutoff.

S. **Medicaid Program Review Files (Previously Medicaid State Assessment Files)** (NC1-440-82-4, Item 29)

Includes Program Review Reports prepared by CMS ROs on selected States and all documents retained at the RO relevant to preparation of each report. Typical subjects are: Early and Periodic Screening, Diagnosis and Treatment (EPSDT); Nurse Aide Training and Competency Evaluation Programs; Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) and other subjects related to recent Medicaid legislation. Also included in the files are draft reports, correspondence and comments. Reports are provided to the State, CMS headquarters, other ROs and other interested parties.